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Medical Command

FAMILY ADVOCACY PROGRAM

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This instruction implements Air Force Policy Directive (AFPD) 40-3, *Family Advocacy Program*, Air Force Instruction (AFI) 40-301, *Family Advocacy Program*, Department of Defense (DoD) Directive 6400.1, *Family Advocacy Program*, DoD Instruction 6400.2, *Child and Spouse Abuse Report*, and Colorado Revised Statutes (CRS) 19-3-308, *Colorado Children's Code (CCC)*. It establishes policy and procedures for the administration of the Air Force Family Advocacy Program (FAP) at Buckley Air Force Base (AFB). This instruction establishes the responsibilities and procedures to be followed by base personnel and agencies for all allegations of child or spouse maltreatment. This publication applies to all 460th Air Base Wing units and subordinate units assigned, attached and supported by the wing publishing office. See **Attachment 1** for a glossary of references and supporting information.

Maintain and dispose of records created as a result of prescribed processes in accordance with Air Force Manual (AFMAN) 37-139, *Records Disposition Schedule* (will convert to AFMAN 33-322, **Volume 4**). Comply with AFI 33-332, *Air Force Privacy Act Program*, for documents containing: "Privacy Act Information". For "Official Use Only" information comply with Department of Defense (DoD) 5400.7-R/AFSUP, *DoD Freedom of Information Act Program*, **Chapter 4**.

SUMMARY OF REVISIONS

This is the first revision reflecting the change from 821st Space Group status to 460th Air Base Wing (460 ABW) and to bring it in line with AFI 33-360, Volume 1, *Publications Management Program*, format criteria. No technical changes have been made.

1. Responsibilities for Reporting Child Abuse or Neglect and Spouse Abuse. All active duty (AD) and civilian employees of the 460th Medical Squadron (460 MDS) and 460th Services Division, Buckley Child Development Center (CDC) (460 SVD/SVYC), will know the indicators and procedures for reporting suspected child and spouse maltreatment. All active duty members and civilian employees of the

Front Range Area Defense Community who suspect family maltreatment must report it to the FAP. In cases where there is a disagreement regarding suspected child and/or spouse maltreatment, the Family Advocacy Officer (FAO) will refer the issue to the 460 ABW Commander (CC) to resolve this issue.

2. Child Maltreatment Reporting and Evaluation.

2.1. Reporting Procedures for Child Abuse and Neglect:

2.1.1. Any active duty members and civilian employees of the Front Range Area Defense Community who suspect potential child abuse or neglect must report the abuse to the FAO or FAP personnel within 24 hours.

2.1.2. When the FAO suspects child abuse or neglect:

2.1.2.1. The FAO in cases where there is severe injury, when the child is removed from the parental home, or when the case is high interest, will immediately report the suspected abuse to the 460 MDS/CC. If a child should die as a result of suspected child abuse or neglect, the FAO will immediately notify 460 MDS/CC, 460 ABW/CC, Air Force Office of Special Investigations (AFOSI Det 801), Headquarters Air Force Medical Operating Agency (HQ AFMOA/SGPS) and Headquarters Air Force Space Command (HQ AFSPC/SGPS) within 24 hours by telephone or FAX and will provide the required follow-up reports.

2.1.2.2. The 460 MDS/CC will report severe or high interest cases of abuse or neglect to the 460 ABW/CC.

2.1.2.3. The FAO will schedule a medical evaluation of the child with an emergency facility if abuse is suspected. The FAO will make a referral within 24 hours to Juvenile Court Services as required by State Statutes.

2.1.2.4. The FAO will ensure the sponsor's commander or First Sergeant is informed.

2.1.2.5. The FAO will immediately notify AFOSI Det 801 in cases of child maltreatment involving serious bodily harm or sexual abuse.

2.1.3. In cases where a rights advisement is indicated (alleged sexual abuse or serious bodily harm), the FAO will delay interview of the alleged offender until after the AFOSI has completed their investigative interviews.

2.2. Child Maltreatment Evaluation Protocols:

2.2.1. If the child is at the 460 SVD/SVYC, a parent will take the child to Children's Hospital or nearest emergency room. If determined necessary, by the 460 SVD/SVYC and the FAO, the child will be escorted by the 460 SVD/SVYC provider and a member of the 460th Security Forces Squadron (SFS).

2.2.1.1. If the parents of the child do not want the child transported for evaluation, the child should be held at the 460 SVD/SVYC and the FAO informed. The FAO will notify the Department of Human Services (DHS). DHS can authorize medical evaluation over the objection of the parents, and may ask to have the child seen by a physician and a counselor. The DHS may also instruct the 460 SVD/SVYC to release the child to the parents.

2.2.1.2. Regardless of the parent's desires, initiate the reporting requirements of paragraph [2.1](#).

2.2.1.3. The 460 SVD/SVYC will provide a copy of the referral information to the examining

pediatrician and the FAO.

2.2.2. For children outside the 460 SVD/SVYC environment, a parent will bring the child to the nearest emergency room. If necessary, the Aurora Police Department will be utilized to take the child to the hospital.

2.2.3. Use the following child evaluation procedures:

2.2.3.1. Because there is no pediatrician at the 460 MDS, immediate care will be provided by a civilian facility, preferably Children's Hospital or nearest emergency room. Referrals will be made by the FAO or another 460 MDS provider.

3. Spouse Maltreatment Notification and Case Coordination.

3.1. When an incident involves abuse, the 460 MDS/SGOHF will make the following notifications:

3.1.1. The AFOSI Det 801: Cases involving serious bodily harm will immediately be referred to the AFOSI Det 801.

3.1.2. The 460 Air Base Wing Staff Judge Advocate (460 ABW/SJA).

3.1.3. The unit commander or First Sergeant of the perpetrator and the victim. The unit commander or First Sergeant will assist the security police with the initial management of spouse abuse cases. Potential intervention include:

3.1.3.1. Referral of the victim to community agencies for temporary assistance (shelter and counseling).

3.1.3.2. When the likelihood for further violence exists, restrict the perpetrator's liberty as much as necessary. Contact the 460 ABW/SJA for direction. Any pre-trial confinements will comply with the provisions of Manual for Courts-Martial (MCM), United States (2000 Edition), Rule 305, Pre-Trial Confinement. Address any questions about pre-trial confinements to the duty SJA officer.

3.1.3.3. If the family has possession of a lethal weapon, the 460 MDS/SGOHF will inform the commander or First Sergeant and advise him or her that it should be secured in the armory.

3.1.3.4. A chaplain will provide confidential pastoral counseling to individuals and families involved in family maltreatment or neglect as requested.

3.1.3.5. After duty-hours, emergencies should be handled through the nearest Emergency Room or through the local 911 system. The active duty (AD) member's unit commander should give an active duty member a "no contact order" until the Family Advocacy Staff can assess the case. Notification to the FAO should be made the next duty day by the unit commander or First Sergeant. Upon notification the FAO will do the following:

3.1.3.5.1. In cases where there is death from spouse maltreatment, the FAO will immediately notify the 460 MDS/CC, 460 ABW/CC, HQ AFMOA/SGPS, AFOSI Det 801 and HQ AFSPC/SGPS within 24 hours. The FAO will also call the 460 ABW/SJA to consult for case management/legal services as appropriate.

3.1.3.5.2. The FAO will arrange for a medical examination when a physical injury is reported.

3.1.3.5.3. The FAO will recommend to the unit commander to restrict the sponsor to the dorms, if current risk of maltreatment is suspected.

3.1.3.5.4. The FAO will advise the unit commander of recommended case management plans per Family Maltreatment Case Management Team (FMCMT) review and determination.

3.1.3.5.5. In cases where a rights advisement is indicated (serious bodily harm), the FAO will delay interview of the alleged offender until after the AFOSI Det 801 has conducted their investigative interviews.

3.2. In cases of mutual spouse maltreatment, contact the FAO, who will arrange an assessment of the couple through contacting the sponsor's First Sergeant or commander. The FAO will advise the First Sergeant or commander of any treatment, or case management recommendation. Referral to the Family Advocacy Officer should include the name, social security number, duty and home phone of the sponsor and victim along with any prior history.

4. Family Maltreatment Case Intervention.

4.1. When indicated by the FAO or DHS assessment, therapy for the family, or individual members will be made available. This can be through the Family Advocacy Treatment Manager (FATM), a Life Skills Support Center provider, or through a civilian provider under TRICARE. Therapy goals will be established and coordinated with the FAO and the FMCMT. Additional support and referral services will be coordinated as indicated.

4.2. Ensure enrollment of all clients in FAO recommended classes or groups facilitated or co-facilitated through the Family Advocacy Program.

4.3. The Family Advocacy Outreach Manager will conduct an initial meeting with all new unit commanders and First Sergeants and will conduct an annual refresher meeting with them to encourage the routine referral of all cases of child abuse and neglect, or spouse abuse to the Family Advocacy Office.

5. Special Needs Identification and Assignment Coordination Process (SNIACP) Case Assistance .

5.1. Unit commanders and First Sergeants will refer sponsors with an SNIACP dependent to the Special Needs Coordinator or alternate. This includes dependents with a special educational need (identified by the use of an individualized education plan in the school), or a special medical need (identified by active medical management by a medical subspecialty).

6. Family Advocacy Committee (FAC). The FAC establishes local FAP policies and is responsible for oversight of all FAP teams, programs and services. The FAC is chaired by the Buckley Director of Base Medical Services (460 MDS/CC) and is comprised of multi-disciplinary team members who set policy and procedures for establishing and operating its Family Advocacy Program based on AFI 40-301. The FAC, in cooperation with the installation commander, will ensure the implementation of the local FAP In Accordance With (IAW) DoD Instruction 6400.1, AFPD 40-3, AFI 40-301 and AF Standards as set forth in the FAP Standards.

7. Family Maltreatment Case Management Team (FMCMT). The purpose of the FMCMT is to clinically manage the assessment of and interventions with families having allegations of maltreatment fol-

lowing AFI 40-301 and the Family Advocacy Program Standards. The FMCMT meets at least monthly with a quorum of two thirds. The FMCMT is chaired by the FAO and is comprised of multi-disciplinary team members. These members are the FATM, SJA, Physician, SFS, AFOSI, Family Support Center Director, CDC Director, Chaplain, Substance Abuse Provider and the Command Chief Master Sergeant. The FAC chairperson appoints the FMCMT members.

8. Child Sexual Maltreatment Response Team (CSMRT). The CSMRT is established by the FAC to manage reports of child sexual maltreatment. The CSMRT will meet semi-annually to clarify roles and responsibilities and will respond to notifications of child sexual maltreatment reports, following AFI 40-301 and the Family Advocacy Program Standard M-2, CSMRT. The CSMRT will consist of the FAO, FATM, SJA, and AFOSI.

9. High Risk for Violence Response Team (HRVRT) . The HRVRT is established by the FAC to manage potentially dangerous situations involving FAP clients, and staff following AFI 40-301 and the Family Advocacy Program Standard M-3, HRVRT. All AD and civilian personnel will report to the FAO if there is a threat of immediate harm of an individual in the FAP system.

JAMES A. SANDS, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

Terms

Child—Any unmarried person under the age of 18 who is eligible for care through a DoD medical treatment program and for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and for who care in a military medical treatment program is authorized.

Child Emotional Maltreatment—Acts, or a pattern of acts, omissions, or a pattern of omissions or passive-aggressive inattention to a child's emotional needs resulting in an adverse effect upon the child's psychological well-being. Maltreatment includes intentional berating, disparaging or other verbally abusive behavior toward the child; and violent acts that may not cause observable injury. An emotionally maltreated child manifests low self-esteem, chronic fear or anxiety, conduct disorders, affective disorders or other cognitive or mental impairment.

Child Neglect—A type of child abuse/maltreatment whereby a child is deprived of needed age-appropriate care by act or omission of the child's parent, guardian, caregiver, employee of a residential facility or staff person providing out-of-home care under circumstances indicating that the child's welfare is harmed or threatened.

Child Physical Abuse/Maltreatment—Acts such as grabbing, pushing, holding, slapping, choking, punching, kicking, sitting or standing upon, lifting and throwing, burning, immersing in hot liquids or pouring hot liquids upon, hitting with an object, and assaulting with a knife, firearm or other weapon that caused or may cause bodily injuries.

Child Sexual Maltreatment—Any incidents of sexual activity with a child for the purpose of sexual gratification of the alleged offender or some other individual.

Child Sexual Maltreatment In DoD-Sanctioned Activities—Any child sexual maltreatment occurring during DoD-sanctioned activity in any location where the military service has sanctioned or authorized care of children by individuals other than their legal guardians.

Spouse—An individual who is married and: (1) a service member, (2) employed by DoD and eligible for care through DoD medical treatment programs or (3) a civilian who is eligible for care through DoD medical treatment programs because of marriage to a service member, or to an employee of DoD who is eligible for care through DoD medical treatment programs. This includes a married individual who is under 18 years of age.

Spouse Neglect—The failure of a spouse to provide necessary care of assistance for his-her spouse who is incapable of self-care physically, emotionally, or culturally.

Spouse Physical Abuse/Maltreatment—Physical harm, mistreatment, or injury of a spouse by the other spouse. Acts such as grabbing, pushing, kicking, sitting or standing upon, hitting with an object and assaulting with a knife, firearm or other weapon that cause or may cause bodily injuries.

Spouse Sexual Abuse/Maltreatment—The use of physical violence, intimidation, or explicit or implicit threat of future violence by a spouse to coerce the other spouse to engage in any sexual activity.

Substantiated—A designation that indicates an alleged incident of child or spouse abuse or maltreatment has been clinically determined by the FMCMT to be merited or founded. A “Substantiated” clinical determination means that the preponderance of available information that indicates that abuse or maltreatment occurred is of greater weight or more convincing clinically than the information that indicates that abuse or maltreatment did not occur.